

Confirmation No. 9985

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Ronald Dekker	Examiner:	Durbin, M.
Application No.:	10/561,532	Group Art Unit:	2815
Filed:	December 19, 2005	Docket No.:	NL021153US
Title:	Flexible Device and Method of Manufacturing the Same		

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**PETITION FOR EXTENSION OF TIME**

Commissioner for Patents  
P.O. Box 1450

Alexandria, VA 22313-1450

Customer No. <b>24738</b>
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Sir:

In accordance with the provisions of 37 C.F.R. § 1.136, it is respectfully requested that a five-month extension of time be granted in which to file the attached Reply to Non-Compliant Amendment. Please charge Deposit Account No. 14-1270 (NL021153US) in the amount \$2230.00 to cover the extension fees for a large entity, with authorization to charge/credit necessary fees/overages to said Deposit Account to complete this filing.

Respectfully submitted,

*Please direct all correspondence to:*

Philips Electronics North America Corporation  
Philips Intellectual Property & Standards  
370 West Trimble Road, MS91MG  
San Jose, CA 95131

By: /PAUL IM/  
Name: Paul Im  
Reg. No.: 50,418  
(914) 333-9627

CUSTOMER NO. 24738

Adjustment date: 02/29/2008 CKHLOK  
01/08/2008 INTEFSW 00003594 141270 10561532  
01 FC:1453 1540.00 CR  
02 FC:1255 2230.00 CR

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>2/28/08</u>		2 Serial/Patent # <u>10561532</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
✓	Extension of Time	—	1/7/08	\$ 2230.00							
✓	Notice of Appeal/Appeal			\$							
✓	Petition	—	1/7/08	\$ 1540.00							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 3770.00							
		8 TO BE REFUNDED BY:									
		<input checked="" type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">4</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> <td style="width: 20px;">7</td> <td style="width: 20px;">0</td> </tr> </table>			1	4	--	1	2	7	0
1	4	--	1	2	7	0					
10 REASON:											
✓	Overpayment										
✓	Duplicate Payment										
✓	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Liana Walsh</u>		TITLE: <u>Pet-Exr</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>232016</u>									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>2/29/08</u>									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**